

A 37-year old male presented with dyspnea, and a chest roentgenogram which showed enlargement of the superior mediastinum (Fig 1). A computed tomography of the chest revealed a homogeneous mass with well-defined borders and density of -100 Hounsfield units, characteristic of adipose tissue at the right posterior mediastinum (Fig 2). A right posterolateral thoracotomy revealed a giant mass on the right paravertebral area which located under the azygos vein (Fig 3). The mass was resected completely, and measured 13 x 6 x 7 cm³ and 950 g (Fig 4). The histopathological diagnosis was lipoma consisting of mature adipose tissue. The patient was discharged after recovery on the 5th day of the surgery. No recurrence was observed radiologically during 6 months of follow-up period.

The lipoma is a circumscribed mesenchymal tumor originating from adipose tissue [1]. This benign fatty tumor can arise any location in the body which fat tissue is normally present. The lipoma is common tumor, and often asymptomatic. However, intrathoracic lipomas are very rare, and about 0.3% of all mediastinal tumors [2]. As they become larger in size, the symptoms such as dysphagia,

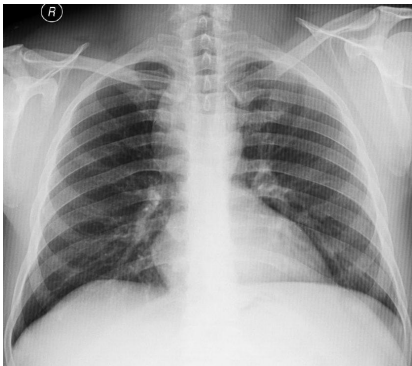


Figure 1. Chest roentgenogram showing enlargement of the superior mediastinum

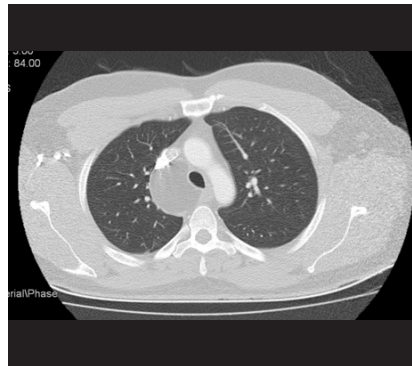


Figure 2. Computed tomography of the chest showing a homogeneous mass at the right posterior mediastinum

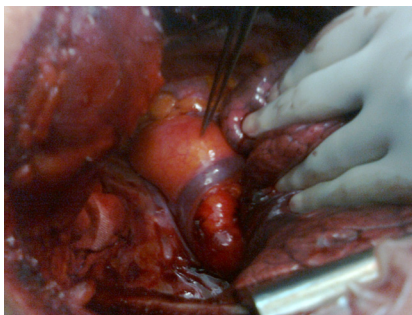


Figure 3. Perioperative view of the mass



Figure 4. The macroscopic view of the resected specimen

dyspnea, coughing, wheezing, Horner's syndrome and vena cava superior syndrome may occur related to local compression on adjacent vital organs. Chest roentgenograms, computed tomography and magnetic resonance imaging are useful for evaluation of extent of the lipomas. Complete surgical resection is the best treatment method, provides histopathological diagnosis, and prevents recurrences. Finally, the lipoma should be kept in mind in prediagnosis of posterior mediastinal masses.

References

1. Cutilli T, Schietroma M, Marcelli VA, Ascani G, Corbacelli A. Giant cervico-mediastinal lipoma. A clinical case. *Minerva Stomatol.* 1999;48: 23-8.
2. Nishio S, Oda M, Matsumoto I, Tamura M, Shimizu Y, Watanabe G. Primary anterior mediastinal huge lipoma: report of a case. *Kyobu Geka.* 2010;63: 426-9.